

## STAT-PA Drug Worksheet: Brand Name NSAIDs

**This worksheet is to be used by pharmacists or dispensing physicians only!  
(NOT REQUIRED FOR PRESCRIBING PHYSICIANS)**

Generic non-steroidal anti-inflammatory drugs (NSAIDs) have NO RESTRICTIONS as to either diagnosis codes or prior authorization (PA). As with all innovator drugs, prescribers must write "Brand Medically Necessary" on all hard copies of the prescriptions and on each new nursing facility order sheet.

**REMINDER:** *The Specialized Transmission Approval Technology — PA (STAT-PA) Drug Worksheet is optional. This form is not required, but is provided as a guideline only to access STAT-PA or as provider documentation. The STAT-PA system will ask for the following items in the order listed below:*

Provider Number: \_\_\_\_\_

Recipient Medicaid Identification Number: \_\_\_\_\_

Recipient Name: \_\_\_\_\_

National Drug Code (NDC)/Procedure Code of Product Requested: \_\_\_\_\_

Type of Service: D Prescriber's Drug Enforcement Administration (DEA) Number: \_\_\_\_\_

Diagnosis Code: \_\_\_\_\_ (Use the recipient's *International Classification of Diseases, Ninth Revision, Clinical Modification* [ICD-9-CM] diagnosis code. The decimal is not necessary.)

Place of Service: \_\_\_\_\_

Date of Service: \_\_\_\_\_ (The date of service may be up to 31 days in the future, or up to four days in the past.)

Days' Supply Requested: \_\_\_\_\_

### STAT-PA Request Checklist

ALL information must be checked within each category in order to be processed electronically.

#### COX-2

A. Is the NSAID being prescribed for a chronic, non-acute condition?

1. If yes, then ask:

a. Does the recipient have any of the following risk factors: age over 65, a history of ulcer or GI bleeding, currently taking anti-coagulants or glucocorticoids?

1. If yes, approve PA request for up to 365 days.

2. If no, then ask:

a. Has the recipient tried and failed a generic NSAID or had an adverse drug reaction?

i. If yes, approve PA request for up to 365 days.

ii. If no, you will receive the following message: "Your prior authorization request requires additional information. Please submit your request on paper with complete clinical documentation."

2. If no, then ask:

a. Has the recipient tried and failed a generic NSAID or had an adverse drug reaction?

1. If yes, approve PA request up to 365 days.

2. If no, you will receive the following message: "Your prior authorization request requires additional information. Please submit your request on paper with complete clinical documentation."

*Non-COX-2*

- A. Has the recipient tried and failed a generic NSAID drug or had an adverse drug reaction?
1. If yes, approve PA request up to 365 days.
  2. If no, return the PA with the following message: "Your prior authorization request requires additional information. Please submit your request on paper with complete clinical documentation."

As the pharmacist, you have learned of this diagnosis or reason for use when:

- \_\_\_\_\_ a. The patient has informed you through patient consultation. In most cases, it is possible to learn the necessary information from the patient.
- \_\_\_\_\_ b. The physician wrote the diagnosis or reason for use on this form or on a prior prescription order for this drug.
- \_\_\_\_\_ c. The physician or personnel in the physician's office informed you by telephone, either now or on a previous occasion.

Assigned Prior Authorization Number: \_\_\_\_\_

Grant Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Number of Days Approved: \_\_\_\_\_

This is a New Prior Authorization Request: \_\_\_\_\_

This is a Renewed Prior Authorization Request: \_\_\_\_\_

**Diagnosis Code Description**

Choose the most appropriate ICD-9-CM diagnosis. If the diagnosis is not a Food and Drug Administration-approved diagnosis for a particular drug, you must submit the PA request on a paper PA Request Form.